U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

For Official the Only		
ANG 10 2005	READ THE INSTRUCTIONS CARE	FULLY BEFORE PREPARING THIS REPORT.
PROPERTY.		
. File Number U -	RF 9	2. Fiscal Year Covered From:
	/	1 / 1 / 2004 Through: 12 / 31 / 2004
. Name and address of pe	rson filing.	Name, file number, and address of labor organization.
Name JAMES	HOBSON	Name IRON WORKERS LOCAL UNION NO. 5
		Labor Organization File Number 022-368
P.O. Box, Bldg., Room No	., if any	P.O. Box, Building and Room Number, if any
Street 9100 OLD MA	RLBORO PIKE	Street 9100 OLD MARLBORO PIKE
City UPPER MARLBO		City UPPER MARLBORO
State Maryland	ZIP Code + 4 20772	State Maryland ZIP Code + 4 20772
Enter appropriate data	FINANCIAL SECRETARY-TREASU	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
Enter appropriate data A. Held an interest in, en nonetary value from an	below if, during the past fiscal year, you or your (except as specified in the egaged in transactions (including loans) with, employer whose employees your organizers.	spouse or minor child directly or indirectly had any of the following interests
Enter appropriate data A. Held an interest in, en nonetary value from an . Name and address of Em	FINANCIAL SECRETARY-TREASU	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the Instructions): or derived income or other economic benefit of eation represents or is actively seeking to represent.
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Enter appropriate data . Held an interest in, en nonetary value from an . Name and address of Em Name Trade Name, if any:	below If, during the past fiscal year, you or your (except as specified in the egaged in transactions (including loans) with, employer whose employees your organizations (including trade name, if any).	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the Instructions): or derived income or other economic benefit of exation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Enter appropriate data Trade Name, if any: Enter appropriate data Trade Name, if any: P.O. Box, Bldg., Room No	below If, during the past fiscal year, you or your (except as specified in the egaged in transactions (including loans) with, employer whose employees your organizations (including trade name, if any).	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the Instructions): or derived income or other economic benefit of eation represents or is actively seeking to represent.
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Enter appropriate data A. Held an interest in, enconetary value from an Name and address of Em Name Trade Name, if any: P.O. Box, Bldg., Room No	below If, during the past fiscal year, you or your (except as specified in the egaged in transactions (including loans) with, employer whose employees your organizations (including trade name, if any).	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the Instructions): or derived income or other economic benefit of exation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Enter appropriate data A. Held an interest in, enconetary value from an Name and address of Em Name Trade Name, if any: P.O. Box, Bldg., Room No	below If, during the past fiscal year, you or your (except as specified in the egaged in transactions (including loans) with, employer whose employees your organizations (including trade name, if any).	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the Instructions): or derived income or other economic benefit of exation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, en nonetary value from an i. Name and address of Em Name Trade Name, if any: P.O. Box, Bldg., Room No Street City State 15. Signature and verific submitted in this report (iii	below If, during the past fiscal year, you or your (except as specified in the egaged in transactions (including loans) with, employer whose employees your organizations (including trade name, if any). ZIP Code + 4	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions): or derived income or other economic benefit of exation represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income. 7.b. Amount. Signature y of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing JAMES HOBSON) f	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in- dealing with your labor organization or with a trust in which your labor organiz	wise dealing with the business ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name AMALGAMATED BANK			
Trade Name, if any:	a. Labor Organizatio	on	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 1825 K STREET, NW			
City WASHINGTON			
State District of Columbia ZIP Code + 4 20006			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	9.	NO POPE TO THE STATE OF THE TOTAL AND STATE OF THE STATE
Name IRON WORKERS LOCAL 5 TRUST FUNDS	INVESTMENT CUSTODIA	N	Company of Columbia
Trade Name, if any:	RO NOT DESCRIBE	•	in the second se
P.O. Box, Bldg., Room No., if any	0.75 t. 5 TO AARDO		Andrew Market
Street 6009 OXON HILL ROAD, SUITE 416	11.b. Approximate dollar value	of such dealing	
City OXON HILL	12.a. Nature of interest held		The secure demonstrate the district of the antida international control of the secure
State Maryland ZIP Code + 4 20745	BLANKET - \$38 DINNER - \$60 DINNER - \$80		Permanental and a second and a
	eri veri veri bana A.		cooker industrial
	A A A A A A A A A A A A A A A A A A A		
	12.b. Amount.		\$178
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		to and a survivarious report or and process managements on a survivarious languagement.
Name	a a a a a a a a a a a a a a a a a a a		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	Acceptance Control of the Control of		
City	da L		er e
State ZIP Code + 4	and definition of the second s	NOT 19 6 MINO 1880 in the control of	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing	JAMES	HOBSON		File Number U-	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

W. A. MARIAN	O Business deals with:
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name COLUMBIA PARTNERS	a. Labor Organization
Trade Name, if any:	y
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1775 PENNSYLVANIA AVENUE, NW	c. Employer
City WASHINGTON	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name IRON WORKERS LOCAL 5 TRUST FUNDS	INVESTMENT ADVISOR
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street 6009 OXON HILL ROAD, SUITE 416	
City OXON HILL	
State Maryland ZIP Code + 4 20745	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	DINNER - \$65 DINNER - \$80 LUNCH - \$50
	12.b. Amount. \$195

Name of Person Filing JAMES	HOBSON	File Number U-	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	O Duniana dada utu.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name SEGAL ADVISORS, INC.	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
Eq. (a) and (b) and (c) and (c	D. Trust	
P.O. Box, Bldg., Room No., if any	Mahara A Mahar	
Street ONE PARK AVENUE	c. Employer	
City NEW YORK		
State New York ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	mannama cread de de de de
Name IRON WORKERS LOCAL 5 TRUST FUNDS	CONSULTING	State of Con-
Trade Name, if any:		Special Control of the Control of th
i		
P.O. Box, Bldg., Room No., if any		
Street 6009 OXON HILL ROAD, SUITE 416		
City OXON HILL		***************************************
Compared and Control of Property of Control		MATERIAL PROPERTY OF THE PROPE
State Maryland ZIP Code + 4 20745	11.b. Approximate dollar value of such dealing.	Million constant of the state of
	12.a. Nature of interest held or income received. DINNER	
	GINTGN	

	1	
	12.b. Amount.	\$80

Name of Person Filing JAMES	HOBSON	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

		9. Business deals with:	
8. Name and address of Business (include	ling trade name, if any).	5. Business deals with	
Name UNKNOWN VENDOR Trade Name, if any: P.O. Box, Bldg., Room No., if any Street N/A		a. Labor Organization b. Trust c. Employer	
City N/A	www.min.inginin.inginin.inginin.inginin.inginin.inginin.inginin.inginin.inginin.inginin.inginin.inginin.ingini		
ACTION OF THE CONTRACT TO ACTION OF THE CONTRACT THE CONT			
State	ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	and the second second second
Name IRON WORKERS LOCAL 5 TI	RUST FUNDS	N/A	
Trade Name, if any: P.O. Box, Bldg., Room No., if any			7 congress (1972)
Street 6009 OXON HILL ROAD, St	JITE 416		Common of the section
City OXON HILL			
State Maryland	ZIP Code + 4 20745	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		DINNER - \$40 DINNER - \$75	
		12.b. Amount.	